

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008383

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2529

FILED MAR 14 1963

VS 300
Rev. 4/59

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24000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

4/1/63

St. Louis, Mo.

St. Louis, Mo.

11

DOCUMENT

BY AFFIDAVIT OF *James J. Dwyer*

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

5 days.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Jewish Hosp.**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN**University City**d. STREET
ADDRESS**8623 Brookshire**

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)**OSCAR**
Oscar

Middle

BROWNSTEIN
*Brownstein*4. DATE
OF
DEATH

Month

Day

Year

March 4**1963**

5. SEX

Male

6. COLOR OR RACE

Cauc.7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/11/1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Broker

10b. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jacob Brownstein

13b. MOTHER'S MAIDEN NAME

Leah (unk)

14. NAME OF HUSBAND OR WIFE

Bess15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, *Unknown*) (If yes, give war or dates of)**unk.**

16. SOCIAL SECURITY NO.

17. INFORMANT

Bess Brownstein 8623 Brookshire

Address

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Diarrhea of Undetermined Cause
with Shock**INTERVAL BETWEEN
ONSET AND DEATH**2 weeks**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

78516PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**Coronary Arteriosclerosis & Chronic Brain Syndrome**PART III. If deceased was female, was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/2/63to **3/4/63**and last saw her alive on **3/4/63**

Death occurred at

11:00 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alvin S. Weininger, M.D.

22b. ADDRESS

8112 Delmon

22c. DATE SIGNED

3/5/6323a. BURIAL, CREMATION,
REMOVAL

23b. DATE

3/6/1963

23c. NAME OF CEMETERY OR CREMATORY

B'nai Amoona

23d. LOCATION (City, town, or county)

University City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 m Pherson

25. DATE RECD. BY LOCAL REG.

MAR 6 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.